DOCUMENT RESUME

ED 369 017 CG 025 365

AUTHOR Kush, Francis R.; Malley, Patrick
TITLE Synopsis of a Descriptive Study of School-Based Adolescent Suicide Prevention/Intervention Programs: Program Components and the Role of the School Counselor.
PUB DATE [91]
NOTE 25p.
PUB TYPE Reports - Descriptive (141) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adolescents; Counseling; Counselor Attitudes; Counselor Training; Intervention; *School Counseling; *School Counselors; Secondary Education; Secondary Schools; Secondary School Students; *Suicide

ABSTRACT

This study focussed on two general areas of secondary school-based programs that were operational during the 1989-1990 school year: (1) Suicide prevention/intervention programmatic components which were utilized in the school setting; and (2) specific adolescent suicide prevention/intervention/postvention activities practiced by school counselors in school settings. Researchers examined a 31-item questionnaire returned by school counselors, each a registered member of the American School Counselors Association, representing 325 school districts nationwide. Results indicated that nearly one-half of schools in this study did not have a formal suicide prevention/intervention program of policy during the 1989-1990 school year. Forty-one percent of the counselors reported no training in the assessment of lethality regarding suicide risk and 51 percent lacked confidence in their capacity (in 1989-1990) to function at school as an adolescent suicide prevention agent, although 93 percent received suicide prevention/intervention training. Eighty percent cited personal involvement with a student(s) who exhibited suicidal ideation and/or behaviors during that school year. Schools having a formal suicide prevention program were more likely to implement a range of other recommended suicide prevention components. Five appendices contain data results and a copy of the school questionnaire. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 369 017

Synopsis of a Descriptive Study of School-Based Adolescent Suicide Prevention/Intervention Programs: Program Components and the Role of the School Counselor

Francis R. Kush, Ph.D.
Patrick Malley, Ph.D.

CG025365

"PERMISSION TO REPRODUCE THIS MATERIAL IN **OTHER THAN PAPER COPY** HAS BEEN GRANTED BY

Francis Kush

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ABSTRACT

"A Descriptive Study of School-Based Adolescent Suicide Prevention Programs: Program Components and the Role of the School Counselor".

Francis R. Kush, Ph.D.
Patrick B. Malley, Ph.D.
Carl I. Fertman, Ph.D. (Technical Consultant)

This is a detailed descriptive study of secondary school-based adolescent suicide prevention/intervention programs that were operational during the 1989-1990 school year. This study focussed on two general areas: 1) Suicide prevention/intervention programmatic components that were utilized in the school setting in 1989-1990; and 2) Specific adolescent suicide prevention/intervention/postvention activities practiced by school counselors (along with levels of suicide prevention/intervention/postvention training) in school settings during the 1989-1990 school year. Instrumentation was a 31 item questionnaire based upon current literature recommendations for comprehensive school-based adolescent suicide prevention programs. Data was collected from 325 school districts nationwide with a school counselor who was a registered member of the American School Counselors Association (ASCA) from each district participating as subjects. Data findings indicated that nearly one-half of schools in this study reported not having a formal suicide prevention/intervention program or policy during the 1989-1990 school year; nearly one-half of the counselors in this sample reported not being trained in the assessment of lethality regarding suicide risk; over one-half of this counselor sample reported being unconfident in their capacity (in 1989-1990) to function at school as an adolescent suicide prevention agent while eighty percent reported being personally involved with a student(s) who exhibited suicidal ideation and/or behaviors during the 1989-1990 school year. Finally, there was a positive statistical relationship between schools having a formal suicide prevention program and implementing a larger range of other recommended (a more comprehensive program) suicide prevention program components. Statistical analysis was done using the Chi-Square and Phi-Coefficient formulas.

Research Questions

1) Based upon school counselor report, how many of the schools represented in this study have a formal suicide prevention/intervention program currently in operation?

2) Of the schools represented in this study, what is the description of the content (components) of their school-based adolescent suicide prevention/intervention programs in relation to literature recommendations (the necessary components) for a school-based adolescent suicide prevention/intervention program to be comprehensive?

3) What is the description of school counselor self-report data regarding specific training in adolescent suicide prevention and intervention?

4) What is the description of school counselor self-report data regarding participation in school-based adolescent suicide prevention/intervention activities?

5) Are school counselors supportive of school-based suicide prevention/intervention programs implemented on an ongoing basis?

6) Do school counselors believe that part of their professional role in schools is to function as adolescent suicide prevention/intervention agents?

7) Do school counselors feel confident to function as school-based adolescent suicide prevention/intervention agents with their current levels of adolescent suicide prevention/intervention training?

Introduction

Current estimates suggest that suicide is now the second leading cause of death among the 11 to 24 age group with recent reports indicating as many as 7,000 completed suicides and 400,000 suicide attempts by adolescents in this country (Capuzzi and Golden, 1988). In addition,primarily because of misclassification of cause of death, some authors stated a belief that adolescent suicides may be under reported by a ratio of 4:1 (Davis, 1985). It is considered predictable that in a high school population of 2,000 students, suicidal ideation can be expected in perhaps 25-30% of the student body with as many as 50 students each year attempting suicide (Davis, 1985). Schools, given their enormous amount of consistent direct contact time with large populations of adolescents, can be a very strategic location to implement activities that would educate, identify and intervene with potentially at-risk young people. Given that suicide, even in the context of a psychiatric disorder(s) with frequently accompanying cognitive distortions, is typically a volitional behavior, the belief is that with a variety of ongoing preventive activity and with skilled interventions by school-based professionals, suicides can be prevented. Current authors (Poland, 1990) and studies (Deible, 1989) suggest that a majority of schools do not have formal suicide prevention/intervention programs and that many school professionals (including school counselors) do not have adequate suicide prevention/intervention training. School counselors are individuals in schools who frequently deal with mental health issues of students (including suicidal crises) and is therefore a critical figure in considering the implementation of school-based adolescent suicide prevention activities.

Methodology

Instrumentation for this study was a 31 item questionnaire (Appendix A) which consisted of a counselor demographic/background section, A 16-item programmatic survey and a 15-item counselor/practice survey. Questionnaire construction was based on the literature review for this study which included eighteen sources that recommended, specific suicide prevention/intervention program components and professional interventions. Instruments were sent out to a random nationwide sample of 1,000 secondary school counselors who were members of the American School Counselors Association (ASCA). The sample was obtained through the American Association of Guidance and Development (AACD). Data collection occurred for a six week period following the initial mailing. Data analysis to generate responses to research questions as well as generating conclusions was done through the calculation of frequency distributions with statistical analysis done by using the Chi-Square and Phi Coefficient formulas.

Results

Of the 1,000 instruments that were distributed, the sample for this study was 325 (32.5% return). Demographically, 75% of the sample were female counselors with the modal (43%) response regarding years practicing as a school counselor in the 0-5 range. The majority of responses regarding education were Masters Degree plus additional or Doctoral level credits (67%) with the most represented field being Counseling Education (87%). There were 38 Data Tables in this study which gave a detailed analysis to each item. Summary Data Tables reflect the programmatic component frequency distribution (Appendix B). The summary of the relationship between separate programmatic components and a formal suicide prevention/intervention program (Appendix C), the results of the statistical analysis using the Chi Square and Phi Coefficient (Appendix D),and the summary of the school counselor self-report data (Appendix E).

Responses to Research Questions

1) Based on counselor responses, 166 schools (51%) represented in this study had a formal suicide prevention/intervention policy or program in operation while 148 schools (46%) did not have a formal program, 11 (3%) reported not knowing.

2) The summary data in Appendix C indicates that 7 out of the 16 recommended program components were reported not to be in place at the majority of schools that were represented in this study. As the summary table regarding the relationship between having a formal suicide prevention/intervention program and other recommended program components (Appendix D) shows, there was a clear and consistent relationship between the presence of a formal suicide prevention program and the implementation of a given recommended program component for all 15 components. This calculation was relevant because the data indicated that there were schools that did not have a formal suicide prevention program that still implemented certain suicide prevention/intervention activities. For each programmatic component item data analysis table (in the actual study text) data was cross analyzed using the variables of schools that did and did not have a formal program and those that did and did not have a given recommended program component. Statistical analysis support the validity of both summary Data Table findings.

3) The data from this study indicated that 93% of school counselors in this sample did participate in and complete a formal training experience in adolescent suicide prevention/intervention. The most common trainings that were attended were one or two day workshops and/or a single lecture or presentation.

4) Of our sample, 80% of the school counselor respondents indicated professional involvement with students at their schools who displayed either suicidal ideation, suicide threats, suicide gestures, or a suicide attempt during the 1989-1990 school year, 8% (26) of the sample reported having a completed suicide at their school during 1989-1990. Of our sample, 42% of the counselors reported not participating on a school-based mental health team (32% of non participants reported that their schools did not have a mental health team); 63% of our sample reported not participating in classroom suicide prevention presentations (51% reported that their schools do not provide classroom suicide preventions presentations); 64% of our sample reported facilitating mental health support group counseling at school; 41% of the sample reported not being trained in the assessment of lethality. When completed suicides occurred at schools, the majority of effected schools (89%) provided formal postvention services with the majority of counselor respondents representing those schools (21 out of 26) reported participating in the postvention service, most likely through individual or small group counseling with students and working with community mental health consultants. The majority of counselors (86%) in our sample reported that they would directly ask about suicidal feelings if counseling a possibly at-risk student.

5) The overwhelming majority of school counselors in this study (95%) responded that they endorse suicide prevention activities occurring as an ongoing activity (as opposed to only in response to a crisis).

6) The overwhelming majority of counselors in this study (98%) responded that they endorsed that suicide prevention/intervention is part of the professional role of the school counselor.

7) In our study, 51% of the counselors responded that they did not feel confident with their level of adolescent suicide prevention/intervention training regarding their capacity to function at school as a suicide prevention agent (doing educational activities, assessing and intervening with at-risk students, doing postvention activities). Other relevant data to this question: 80% of counselors reporting professional contact with at-risk students, 41% report not being trained in assessment of lethality, 93% reported receiving suicide prevention training.

Conclusions

1) Although some schools in this study may have very comprehensive programs, the variation in programmatic data suggests that in general, schools may not have comprehensive school-based suicide prevention programs. This conclusion is most supported by the data that 46% of the literature-recommended program components were not being implemented by the majority of schools in this study.

2) There appears to be a clear positive correlation between the presence of a formal suicide prevention program and the implementation of a recommended programmatic components, likewise the absence of a formal suicide program had a clear and consistent relationship with schools not implementing specific programmatic components. This conclusion strongly supports the recommendation that schools adopt or develop (with professional consultation) a formal suicide prevention/intervention program in order to provide comprehensive services in the area of suicide prevention/intervention and postvention.

3) School counselors, although (based on this data) active in the area of student mental health and in general having had some level of adolescent suicide training, may not be adequately prepared to assess, manage and intervene with students who are at-risk for (especially acute) suicidal behavior. This conclusion is supported by data that reflects that 41% of the counselors in this sample were not trained in the assessment of lethality which is a critical element in school-based triage, 51% of our sample reported feeling unconfident with their level of adolescent suicide prevention/intervention training (as of the 1989-1990 school year). Recommendations include school counselors need to have assessment of lethality (immediate suicide risk) training along with management, triage and intervention skills. Of related interest: In our sample, only 33% of counselors reported receiving suicide intervention training during graduate school counselor education training and 40% of the counselors reported that their school districts did not provide suicide training for them (they obtained training individually). In addition, since 93% of our sample reported receiving suicide prevention/intervention training, and 51% of the sample endorsing unconfidence with their current skill level, the quality or targets of the trainings may be questionable.

Bibliography

Capuzzi, D. and Golden, L. (1988). Preventing Adolescent Suicide. Accelerated Development, Inc.

Davis, J.M. (1985) Suicidal Crises in Schools. School Psychology Review

Dieble, J.P. (1989). A Study of Pennsylvania Public School Suicide Policies. Doctoral Dissertation, School of Education, University of Pittsburgh, Pittsburgh, PA.

Poland, S. (1990). Suicide Intervention in the Schools. Guilford Press.

Appendix A

SCHOOL-BASED ADOLESCENT SUICIDE PREVENTION/

INTERVENTION QUESTIONNAIRE

General Directions: This Questionnaire is in three parts: Part I is a Counselor Background Information Sheet. Part II contains Programmatic Survey items, and Part III contains Counselor Survey Items. Please read all items thoroughly and answer to the best of your ability. Thank you.

Part I. Counselor Background Information

Sex: Male ___ Female ___

Number of years practicing as a professional school counselor: _____

Please check the highest level of formal education to date:

_____ Bachelor's Degree
_____ Bachelor's Degree Plus Graduate Credits
_____ Master's Degree
_____ Master's Degree Plus Additional or Doctoral Level Credits
_____ Doctoral Degree
_____ Post-Doctoral Training

Please check the field that highest earned degree represents:

_____ Education (Teaching)
_____ Education (Counseling)
_____ Social Work
_____ Psychology
_____ Public Health
_____ Other (Please Specify) _____

Please check professional license or certification held:

_____ Secondary Guidance
_____ School Social Worker
_____ Licensed Professional Social Worker
_____ School Psychologist
_____ Licensed Clinical Psychologist
_____ Licensed Professional Counselor
_____ Secondary Teaching
_____ Other (Please Specify) _____

PART II

PROGRAMMATIC SURVEY

Please answer to the best of your knowledge. Do not consult with another professional at your school and do not seek out information on any document.

1. Does the school where you are currently counseling have a formal written adolescent suicide prevention/intervention policy/program?

___ Yes
___ No
___ Don't Know

2. Does the school suicide prevention/intervention policy or program contain written procedures for school personnel to address student suicidal behaviors or crises?

___ Yes
___ No
___ Don't Know
___ Does Not Apply (School has no policy)

3. Has your school conducted in-service training in order to orient school personnel to the school's suicide prevention/ intervention policy/program?

___ Yes
___ No
___ Don't Know
___ Does Not Apply (School has no policy)

4. Does your school incorporate mental health professionals on-site at school as consultants/service providers (facilitating groups, individual counseling, classroom speakers) to help address the issue of adolescent suicide prevention?

___ Yes
___ No
___ Don't Know

5. Does your school have a group of school professionals (a "team") who functions on-site at school on an ongoing basis that is concerned with students' mental health issues?

___ Yes
___ No
___ Don't Know

6. Has your school provided any educational activities or materials regarding teen suicide prevention to the parents in your school district during the 1989-1990 school year?

___ Yes
___ No
___ Don't Know

7. Does your school distribute any suicide prevention/intervention materials (pamphlets, handouts, etc.) to students?

___ Yes
___ No
___ Don't Know

8. Does your school utilize psychological screening programs with the student body for variables found to be associated with adolescents who are high risk for suicidal behaviors?

___ Yes
___ No
___ Don't Know

9. Does your school incorporate classroom discussions about peer prevention of adolescent suicide as a regular part of the counseling curriculum?

___ Yes
___ No
___ Don't Know

10. Does your school offer mental health supportive counseling programs (either individual or group) for students who are considered to be at-risk for psychological or behavioral problems (i.e., students who have histories with depression, students experiencing a personal loss, students who present substance abuse concerns)?

___ Yes
___ No
___ Don't Know

11. Does your school have available to you a comprehensive body of material regarding adolescent suicide for your immediate reference if necessary?

___ Yes
___ No
___ Don't Know

12. Has your school district provided adolescent suicide prevention/ intervention training specifically for the counseling staff?

___ Yes
___ No
___ Don't Know

13. Has the faculty in the school where you counsel been trained in detection of adolescent suicide warning signs?

___ Yes
___ No
___ Don't Know

14. Does your school's suicide policy include a postvention component in the event that a student at your school would commit a suicide?

___ Yes
___ No
___ Don't Know
___ Does Not Apply (School has no policy)

15. Does your school's suicide prevention/intervention policy contain specific criteria for counselors to assess the lethality of a potentially suicidal student during a crisis intervention?

___ Yes
___ No
___ Don't Know
___ Does Not Apply (School has no policy)

16. Does your school's suicide prevention/intervention policy/program contain an evaluation component of the program's functions and outcomes?

___ Yes
___ No
___ Don't Know
___ Does Not Apply (School has no policy)

PART III

COUNSELOR SURVEY

Please answer honestly and refrain from consultation with another person or any materials.

1. Have you been personally involved with any suicidal behaviors (thoughts, threats, letters, attempts) by students at the school where you counsel during the 1989-1990 school year?

___ Yes
___ No

2. Has there been any completed student suicides (the death officially ruled a suicide by the local coroner or medical examiner) at the school where you counsel during the 1989-1990 school year?

___ Yes
___ No
___ Not aware of any suicides from 1989 to Present

3. If your school has a suicide prevention/student mental health team, are you a member?

___ Yes
___ No
___ School has no such team

4. Please specify the adolescent suicide prevention/intervention training (Check all that apply) that you have completed.

___ A complete or part of a graduate course at a college or university.
___ A week-long training experience specifically addressing teen suicide.
___ A one or two-day workshop specifically designated to address teen suicide.
___ A single lecture, presentation, or consultation addressing teen suicide.
___ Participated in no specific training regarding adolescent suicide.

5. Have you ever participated in school classroom suicide prevention activities (lectures, discussions, psychological screening) during the 1989-1990 school year?

___ Yes
___ No

6. Are you participating in school-based mental health group counseling during the 1989-1990 school year?

___ Yes
___ No
___ Co-facilitated groups with another professional

7. Are you trained in the assessment of suicidal lethality in order to determine the apparent immediate level of suicide risk with a student who is experiencing a suicidal crisis?

___ Yes
___ No

8. If there was a completed student suicide during the 1989-1990 school year, was there postvention activities at your school in response to the crisis?

___ Yes
___ No
___ Does Not Apply (No student suicides during 1989-1990)
___ Do Not Know

9. If the answer to question 8 is "Yes," how did you personally participate in the postvention process at your school?

___ Individual interventions with student peer survivors
___ Small group counseling
___ Assisted in institutional responses (regulating memorials, media control, etc.)
___ Supportive contact with decedent's family
___ Assisted mental health consultants called in for postvention purposes
___ Classroom postvention discussion
___ Did not participate in postvention process
___ Does not apply

10. If a student in your office appeared to be distressed or depressed, would you directly ask about suicidal thoughts at some point during the interview?

___ Yes
___ No

11. Are you familiar with the role that hopelessness acting upon depression appears to have regarding the psychology of suicidal adolescents?

___ Yes
___ No

12. Do you feel that schools should be committed to implementing school-based suicide prevention/intervention programs on an ongoing basis (as opposed to only in response to a crisis)?

___ Yes
___ No

13. Are you aware of the role that substance abuse appears to have regarding the profile of suicidal adolescents?

___ Yes
___ No

14. Do you believe that part of the professional role of school counselors is to function as school-based suicide prevention/ intervention agents (implying that counselors receive the necessary training and participate in school-based suicide prevention activities on an ongoing basis)?

___ Yes
___ No

15. Do you feel confident with your current level of adolescent suicide prevention/intervention training regarding your capacity to function at school as an adolescent suicide prevention agent (doing educational activities, assessing and supporting students who identify themselves as potentially suicidal, doing postvention activities)?

___ Yes
___ No

	Suicide Prevention Program Component	N.	Schools That Have the Component	N.	Schools That Do Not Have The Component	N.	Do Not Know
1.	Formal suicide program	166	51%	148	46%	11	3%
2.	Written procedures to deal with at-risk students	167	52%	145	44%	13	4%
3.	Staff in-service training and orientation to the program	136	42%	173	52%	18	6%
4.	Mental Health professionals on-site	217	67%	98	30%	10	3%
5.	A mental health team	239	74%	80	25%	4	1%
6.	Prevention materials for parents	91	28%	192	60%	40	12%
7.	Prevention materials for students	163	50%	130	40%	10	10%
8.	Use of psychological screening programs to identify at-risk students	60	19%	240	74%	24	7%
9.	Prevention classroom discussions	136	42%	164	51%	24	7%
10.	Mental Health counseling for at-risk students	282	87%	34	11%	8	2%
11.	Provide suicide reference material for counselors	188	56%	123	38%	21	6%
12.	Suicide prevention/intervention training for school counselors	185	51%	130	40%	29	9%
13.	Faculty training re suicide warning signs	153	47%	129	40%	42	13%
14.	Have a postvention component to be used in the event of an actual suicide	145	46%	148	47%	25	7%
15.	A written statement that describes specific criteria for counselors to assess leathality of a potential suicide	111	35%	178	56%	31	9%
16.	A written policy that describes how the school based suicide prevention/ intervention program is evaluated	46	15%	228	71%	44	14%

BEST COPY AVAILABLE

Table 23. Summary Of The Relationship Between Separate Components and A Formal Program continued

Suicide Prevention Program Component	% of Schools That Have Given Component and A Formal School Suicide Prevention Program	% Of Schools That Do Not Ha Given Component And Do Not H A Formal School Suicide Pre tion Program
12. Suicide prevention/intervention training for school counselors	68%	64%
13. Faculty training in detection of suicide warning signs	71%	64%
14. Having a postvention component	92%	89%
15. Having assessment of lethality criteria school counselors	95%	78%
16. Having an evaluation component	96%	62%
N = 325		

BEST COPY AVAILABLE

Appendix C

Table 23. Summary Of The Relationship Between Separate Component And A Formal Program

Suicide Prevention Program Component	% of Schools That Have Given Component and A Formal School Suicide Prevention Program	% Of Schools That Do Not Have Given Component And Do Not Have A Formal School Suicide Prevention Program
2. Written procedures to deal with at-risk students	96%	97%
3. Staff in-service training and/or orientation to program	85%	75%
4. Mental Health professionals on-site	58%	59%
5. Having a mental health team	60%	69%
6. Prevention materials to parents	61%	53%
7. Prevention materials to students	58%	55%
8. Use of screening programs	58%	49%
9. Prevention classroom discussions	66%	57%
10. MH counseling for at-risk students	51%	56%
11. Suicide reference material	67%	67%

Appendix D

	Component	No. of Schools Responding	Chi Square	Phi Coefficient
1.	Written Procedures	312	273.17***	.94
2.	In-Service Training	301	116.68***	.62
3.	MH Prof.	306	11.04***	.19
4.	MH Team	312	24.25***	.28
5.	Materials Parents	277	7.35**	.16
6.	Materials Students	287	6.59*	.15
7.	Psych Screening	294	2.14	.09
8.	Class discussions	293	19.23***	.26
9.	MH Counseling for At-Risk Students	307	1.80	.08
10.	Ref. Materials for for Counselors	298	36.78***	.35
11.	Suicide Training for Counselors	290	34.67***	.35
12.	Faculty Training	279	38.38***	.37
13.	Postvention	291	199.68***	.83
14.	Counselors Assess Lethality	289	144.48***	.71
15.	Evaluation Component of Program	264	48.01***	.43

*p< .05
**p< .01
***p< .001

Appendix E

Summary Data - Counselor Survey

1) Personnel involved with suicidal behaviors by students at school during 1989-1990 school year.

Yes	80%
No	20%

2) Completed suicides at school during 1989-1990 school year?

Yes	8%
No	88%
Not aware	4%

3) Member of student mental health team.

Yes	58%
No	10%
No Team	32%

4) Suicide intervention/prevention training

Complete or part of graduate course	33%
Week-long training	10%
One or two day workshop	63%
Single lecture or presentation	62%
No specific suicide training	7%

5) Participated in school classroom suicide prevention activities (education or screening)

Yes	37%
No	63%

6) Mental health group counseling participation

Yes	53%
No	36%
	11% (Co-facilitation)

7) Trained in assessment of suicidal lethality

Yes	59%
No	41%

8) Postvention at school if completed suicide (N=23)

Yes 89%
No 11%
0 does not apply
0 do not know

9) Personal participation in postvention (N=23)

Individual interventions	27%
Small group counseling	21%
Institutional responses	8%
Supportive contact with family	7%
Assisted MH consultants	23%
Classroom discussion	11%
Did not participate in postvention	3%
Does not apply	N=302

10) Directly ask about suicidal thoughts with depressed student

Yes 86%
No 14%

11) Familiar with role of hopelessness with adolescent suicide

Yes 89%
No 14%

12) Schools committed to suicide prevention on ongoing basis

Yes 95%
No 5%

13) Role of substance abuse with profile of suicidal adolescents

Yes 95%
No 5%

14) Professional role of school counselors to function as suicide prevention agents

Yes 98%
No 2%

15) Confident with current level of suicide prevention/intervention training

Yes 49%
No 51%

Appendix F

Educational/Consultation Resources Regarding Adolescent Suicide

The American Association of Suicidology
School Program Committee
2459 South Ash
Denver, Colorado 80222
(303) 692-0985

National Committee on Youth Suicide Prevention
665 5th Avenue, 13th Floor
New York, NY 10103
(212) 957-9292

Services for Teens At-Risk (STAR)
University of Pittsburgh
Western Psychiatric Institute and Clinic
3811 O'Hara Street
Pittsburgh,PA. 15213

Suicide Research Unit
National Institute of Mental Health
5600 Fishers Lane
Rockville, MD 20857